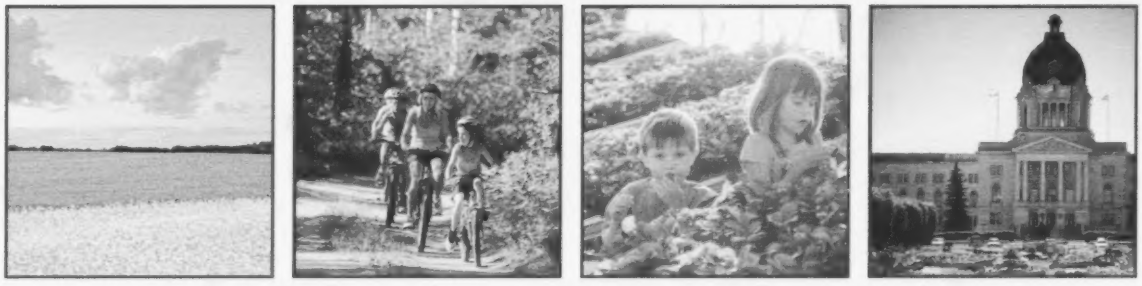
Ministry of Health
Drug Plan and Extended Benefits Branch



Annual Report for 2013-14

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Drug Plan and Extended Benefits Branch

MISSION STATEMENT

Drug Plan and Extended Benefits Branch promotes citizen-centred service through the provision of drug plan and extended health benefits to eligible residents by:

- **promoting rational and appropriate use of drug therapies and extended benefits;**
- **ensuring the long term viability of benefits provided by pursuing better value strategies such as low cost alternative policies, product listing agreements, standing offer contracts, generic drug pricing strategies and maximum allowable cost policies; and,**
- **providing quality and timely information to the public and various stakeholders regarding policies, benefit assessment and program utilization.**

In 2013-14, the Drug Plan and Extended Health Benefits supported the Ministry's key strategic focus areas by pursuing the following activities:

Better Value

- In April, 2013, as a result of the Pan-Canadian Generic Price Initiative, Canadian provinces and territories reduced the price of six high volume molecules to 18% of the equivalent brand name drug.

Better Care

- A continued partnership with RxFiles to develop materials and recommendations around the appropriate use of medications in long-term care facilities.
- In July, 2013, the Saskatchewan Medication Assessment Program (SMAP) was introduced. The SMAP is a standardized approach for pharmacists to assess a patient's medication therapy and communicate with their physician and/or health care provider(s) to resolve identified issues. The purpose of the SMAP is to support seniors in continuing to live in the community within their own home by ensuring they are able to adhere to safe and effective medication therapy.
- In response to recommendations of the Lymphedema Working Group, DPEBB enhanced the benefits available under the compression garment program and made a one-time purchase of multi-chamber lymphedema pumps that were distributed to health regions.

Better Health

- Engaged in evidence-based national drug initiatives including the Common Drug Review and the pan-Canadian Oncology Drug Review.

Drug Plan

Highlights for 2013-14

- **Drug claims processed for Formulary and Exception Drug Status drugs:**
  - processed 12.3 million prescriptions from April 1, 2013 to March 31, 2014
  - provided benefits in the amount of $291.6 million
  - total average cost per prescription was $43.88 (includes drug acquisition, mark-up, dispensing fee and compounding fee)
- One in every two families that received a prescription received a financial benefit.
- **The Seniors' Drug Plan:**
  - 118,786 seniors received benefits in the amount of $73.7 million
  - assisted, on average with 67.1% of the total prescription costs
- **The Special Support Program:**
  - 92,896 individuals received benefits in the amount of $127.4 million
  - assisted, on average with 73.1% of the total prescription costs
- **The Children's Drug Plan:**
  - 61,331 children received benefits in the amount of $6.2 million
  - assisted, on average with 64.3% of the total prescription costs
- **The Supplementary Health (Social Assistance) Program:**
  - 43,698 individuals received benefits in the amount of $42.7 million
  - assisted on average with 98.5% of the total prescription costs
- **Palliative Care Program:**
  - terminally ill patients covered under the Palliative Care Program received 126,624 prescriptions at no charge
  - the Drug Plan payment for Palliative Care totalled $6.4 million

Program Objectives and Supporting Information

Objective 1 – Provide coverage to Saskatchewan residents for quality pharmaceutical products of proven therapeutic effectiveness

- The Drug Plan establishes the Saskatchewan Formulary which is an approved list of quality pharmaceutical products of proven therapeutic effectiveness. The process for review and approval of Formulary Drugs can be found on the Formulary website http://formulary.drugplan.health.gov.sk.ca.
- At March 31, 2014, there were 5,439 Drug Identification Numbers (DINs)[1] listed on the Saskatchewan Formulary.
  - 4,004 were formulary DINS; and
  - 1,435 were Exception Drug Status (EDS) DINs (see page 16 for a description of EDS).

Objective 2 – Reduce the direct cost of prescription drugs for Saskatchewan residents

- The Drug Plan provides a number of coverage programs based on financial need, medical condition and other criteria.
- The coverage programs specifically target the young, seniors and those households with high drug costs relative to their incomes. Programs also recognize the high drug costs associated with certain diseases and conditions.
- In 2013-14, the Drug Plan paid 54.2% of the $538.0 million of eligible drug costs. The programs are detailed in the following pages.

[1] A DIN is a computer-generated eight digit number assigned by Health Canada to a drug product prior to being marketed in Canada. It uniquely identifies all drug products sold in a dosage form in Canada and is located on the label of prescription and over-the-counter drug products that have been evaluated and authorized for sale in Canada.

Drug Plan

Table 1 Types of Drug Plan Coverage

April 2013 - March 2014

	2011-12	2012-13	2013-14
Supplementary Health (Social Assistance)			
Actual Beneficiaries	43,460	44,970	43,698
Total Drug Benefits Paid (Millions)	$40.1	$41.3	$42.7
Number of Prescriptions	854,941	910,347	904,228
Special Beneficiaries			
Actual Beneficiaries	5,303	5,439	5,488
Total Drug Benefits Paid (Millions)	$19.7	$18.9	$20.0
Number of Prescriptions	157,949	161,862	167,025
Palliative Care			
Actual Beneficiaries	3,060	3,183	3,335
Total Drug Benefits Paid (Millions)	$5.6	$5.7	$6.4
Number of Prescriptions	109,441	116,598	126,624
Special Support			
Actual Beneficiaries	98,790	97,013	92,896
Total Drug Benefits Paid (Millions)	$115.8	$125.0	$127.4
Number of Prescriptions	3,372,804	3,650,423	3,491,895
Income Supplement			
Actual Beneficiaries	15,099	16,551	17,172
Total Drug Benefits Paid (Millions)	$3.6	$4.8	$4.9
Number of Prescriptions	298,685	391,121	405,084
Family Health Benefits			
Actual Beneficiaries	23,314	22,766	22,034
Total Drug Benefits Paid (Millions)	$4.0	$3.8	$3.7
Number of Prescriptions	146,312	139,019	134,616
Emergency Assistance			
Actual Beneficiaries	358	275	307
Total Drug Benefits Paid (Millions)	$0.1	$0.1	$0.1
Number of Prescriptions	1,040	870	992
Seniors' Drug Plan			
Actual Beneficiaries	123,256	117,254	118,786
Total Drug Benefits Paid (Millions) [1]	$96.8	$68.4	$73.7
Number of Prescriptions	2,392,164	1,764,104	1,810,372
Children's Drug Plan			
Actual Beneficiaries	61,822	54,035	61,331
Total Drug Benefits Paid (Millions)	$6.1	$5.5	$6.2
Number of Prescriptions	190,766	149,865	172,289
Other [2]			
Actual Beneficiaries [3]	104,858	119,011	147,363
Total Drug Benefits Paid (Millions)	$4.7	$5.1	$6.5
Number of Prescriptions	4,128,268	4,610,253	5,046,745

Actual Beneficiaries are the number of total beneficiaries who received part or all of their drug cost paid by the Drug Plan.

Note: Beneficiaries may appear in more than one category if they had prescriptions paid under more than one coverage.

1 The decrease in 2012-13 is primarily attributed to lower drug costs attained through generic pricing, an increased co-payment implemented in March, 2012 and seniors receiving more favourable coverage under other plans (e.g. Income Supplement or Special Support).

2 Includes Special Fees, Standard Beneficiaries and Special Support (100% co-pay).

3 Number of Actual Beneficiaries are increasing due to expanded prescribing authority for Saskatchewan Pharmacists (see page 17).

Drug Plan

Types of Drug Plan Coverage

1. ***Supplementary Health (Social Assistance) Program***

   Residents eligible to receive benefits through the Supplementary Health Program are entitled to Drug Plan benefits at a reduced charge, or at no charge depending on their level of coverage. Deductibles are waived for these beneficiaries.

   a. ***Plan One***

      Plan One beneficiaries 18 years or older are entitled to receive insulin, oral hypoglycemics, injectable vitamin B12, allergenic extracts, oral contraceptives and some products used in megavitamin therapy at no charge. These beneficiaries pay a reduced charge, to a maximum of $2.00, for all Formulary and approved Exception Drug Status drugs.

      Dependents under 18 years of age are entitled to receive the above benefits at no charge.

   b. ***Plan Two***

      Beneficiaries receiving Plan Two coverage are entitled to receive the same benefits as Plan One patients, but at no charge.

      Plan One beneficiaries requiring several Formulary drugs on a regular basis can be considered for "Plan Two" drug coverage. Plan Two drug coverage may be initiated by contacting the Drug Plan. The request can be made by the patient or a health professional (e.g. physician, social worker).

   c. ***Plan Three***

      Plan Three beneficiaries are entitled to receive all Formulary drugs at no charge.

      Plan Three beneficiaries are residents receiving supplementary assistance who live in Special-Care homes licensed under *The Housing and Special-Care Homes Act*, Approved Homes licensed under *The Mental Health Act*, wards of the province and inmates of provincial correctional institutions.

2. ***Special Beneficiaries***

   Special Beneficiaries include persons approved for coverage under the Paraplegic Program, Cystic Fibrosis Program, Chronic End-Stage Renal Disease Program, and users of certain no-charge high cost drugs, depending on their coverage. These beneficiaries may be entitled to receive certain physician prescribed over-the-counter drugs, Exception Drug Status drugs, or all prescribed Formulary drugs at no charge under the Drug Plan.

3. ***Palliative Care***

   Persons in late stages of terminal illness are entitled to receive at no cost:

   - regular Formulary drugs;
   - Exception Drug Status drugs where prior approval has been granted;
   - some commonly prescribed laxatives and select other medications required for end of life care.

4. ***Special Support***

   The Special Support program helps those families whose drug costs are high in relation to their income. If the annual drug costs exceed 3.4% of the family adjusted income (income after adjusting for the number of dependents), the family is eligible for Special Support benefits. Residents must apply for the Special Support Program, as the Drug Plan does not have access to the required income information. If a family is eligible for Special Support, the family and the Drug Plan share the prescription cost. The family co-payment is calculated using drug costs and adjusted family income.

5. ***Income Supplement***

   Single seniors and senior families receiving the Seniors' Income Plan (SIP) or receiving the federal Guaranteed Income Supplement (GIS) and residing in a nursing home have a $100 semi-annual deductible. Other single seniors and senior families receiving GIS have a $200 semi-annual deductible. Seniors are encouraged to apply for Special Support or the Seniors' Drug Plan to see if they qualify for enhanced coverage.

6. ***Family Health Benefits***

   Families are eligible for the Family Health Benefits Program if they meet the standards of an income test administered by the Canada Revenue Agency, or are in receipt of benefits from Saskatchewan Employment Supplement (SES) or the Saskatchewan Rental Housing Supplement (SRHS).

   Comprehensive Supplementary Health Benefits are available to children under the age of 18 who qualify (dental, optical, Formulary drugs, medical supplies and appliances and ambulance services).

   Partial benefits are available for adults in qualifying families (eye examinations, chiropractic treatments, $100 semi-annual family Drug Plan deductible with a 35% consumer co-payment thereafter).

7. ***Emergency Assistance***

   Residents requiring immediate treatment with benefit prescription drugs and unable to pay their share of the cost, may access a one-time emergency assistance. The level of assistance provided will be in accordance with their ability to pay. They are then required to submit a completed "special support application" to the Drug Plan in order to receive future assistance.

   Emergency assistance may only be requested by a pharmacist on the resident's behalf.

Drug Plan

8. Seniors' Drug Plan

Under the Seniors' Drug Plan, eligible seniors 65 years and older pay up to $20 per prescription for drugs listed on the Saskatchewan Formulary and those approved under Exception Drug Status. Residents must apply for coverage under this program.

Eligible seniors already receiving other Drug Plan coverage that provides prescriptions at less than the maximum will continue to pay the lower amount.

9. Children's Drug Plan

The Children's Drug Plan is available to all Saskatchewan children 14 and under. The Children's Drug Plan will ensure families pay only $20 per prescription for eligible children for drugs listed on the Saskatchewan Formulary and those approved under Exception Drug Status. No application is required for the Children's Drug Plan, as children 14 and under are automatically eligible for coverage.

Children already receiving other Drug Plan coverage that provides prescriptions for less than the maximum will continue to pay the lower amount.

10. Other

Other includes Special Fees, Standard Beneficiaries and Special Support (100% co-pay).

Special Fees – Pharmacies are reimbursed when a pharmacist prescribes an eligible prescription medication according to the "*Guidelines for Minor Ailment Prescribing*".

Standard Beneficiaries – Beneficiaries who do not apply for, or are not eligible for, Drug Plan coverage.

Special Support (100% co-pay) – eligible Saskatchewan residents who apply for special support where the family co-payment for each covered prescription is set at 100% based on the relation between family income and eligible drug cost.

2013-14 Utilization Trends

Table 2 Total Beneficiary and Drug Plan Payments

April 2013 - March 2014

	Discrete Beneficiaries [1]	Actual Beneficiaries [2]	Number of Prescriptions	Total Approved Prescription Cost	Total Drug Plan Payment
2004-05	611,116	181,694	8,919,090	$346,752,834	$164,410,108
2005-06	622,498	192,278	9,364,871	$375,304,926	$181,288,493
2006-07	615,422	198,633	9,626,629	$402,322,418	$198,843,985
2007-08	626,875	248,558	10,123,194	$435,191,159	$245,366,836
2008-09	631,941	271,687	10,482,967	$470,209,636	$268,047,354
2009-10	645,615	300,476	10,858,514	$510,324,389	$289,720,147
2010-11	659,121	307,720	11,256,610	$525,812,379	$297,920,254
2011-12	665,815	342,788	11,652,370	$524,879,507	$296,599,561
2012-13	681,423	342,718	11,894,462	$513,132,824	$278,583,073
2013-14	697,634	361,473	12,259,870	$537,965,286	$291,596,186

1 Discrete Beneficiaries are the number of beneficiaries who received a prescription. This includes beneficiaries who do not apply for, or are not eligible for, Drug Plan coverage. Discrete beneficiaries are counted once within each fiscal year.

2 Actual Beneficiaries are the number of total beneficiaries who received part or all of their drug cost paid by the Drug Plan.
Note: 2011-12 Actual Beneficiaries increased by 11.4% due to expanded prescribing authority for Saskatchewan Pharmacists (see page 17).

Trend information shows that the while the number of discrete beneficiaries increased by 2.4%, the number of actual beneficiaries increased by 5.5%. The number of prescriptions increased by 3.1%, total approved prescription cost increased by 4.8% and total Drug Plan payment increased by 4.7%.

Table 3 Distribution of Prescription Drug Plan Costs

April 2013 - March 2014

Approved Prescription Costs (all programs combined)	**($000s)**
Acquisition Cost	381,838
Mark-up	32,038
Dispensing Fee	122,855
Compounding Portion of Mark-up	1,234
Total Approved Prescription Cost	***537,965***
Less: Consumer Payments	(246,369)
Total Prescription Drug Plan Payments [1]	***291,596***
Third Party payments/manual adjustments [2]	(2,873)
Net Payments by MIDAS System [3]	**288,724**

1 Drug Plan payments refer to formulary drugs and exception status drugs.
2 Third Party payments/manual adjustments include refunds to vote, year-end adjustments made in accordance with accounting policies and payments outside the online system such as payments to the RHA's.
3 MIDAS is a central financial system.

Table 4 (on page 12) highlights three factors that might contribute to the change in growth: number of prescriptions per beneficiary; average prescription cost; and cost of prescriptions per beneficiary.

The total average number of prescriptions per beneficiary increased slightly, the total average prescription cost increased by 1.7%, and the total cost of prescriptions per discrete beneficiary increased by 2.4% for all beneficiaries.

The cost of prescriptions per discrete beneficiary increased for all age groups. The range of increases, based on age, was 8.2% for 15 to 24 year olds to 1.1% for 0 to 4 year olds.

Table 4 Prescription Drug Utilization Trend by Age of Discrete Beneficiary

April 2013 - March 2014

Age of Beneficiary	2012-13	2013-14	% increase (decrease) 12-13 to 13-14
Average Number of Prescriptions Per Discrete Beneficiary			
0 - 4	3.4	3.4	0.0%
5 - 14	4.1	4.1	0.0%
15 - 24	6.3	6.5	3.2%
25 - 34	7.7	7.8	1.3%
35 - 44	10.6	10.7	0.9%
45 - 54	15.7	16.0	1.9%
55 - 64	22.7	22.8	0.4%
65 - 74	32.5	32.7	0.6%
75 - 84	41.7	42.3	1.4%
85 and over	47.3	48.1	1.7%
Total	**17.5**	**17.6**	**0.6%**
Average Prescription Cost [1]			
0 - 4	$28.66	$29.04	1.3%
5 - 14	$54.06	$55.02	1.8%
15 - 24	$48.16	$50.96	5.8%
25 - 34	$51.05	$53.17	4.2%
35 - 44	$54.00	$55.78	3.3%
45 - 54	$50.25	$51.40	2.3%
55 - 64	$44.92	$45.48	1.2%
65 - 74	$41.22	$41.52	0.7%
75 - 84	$36.90	$36.93	0.1%
85 and over	$31.69	$31.71	0.1%
Total	**$43.14**	**$43.88**	**1.7%**
Total Cost of Prescriptions Per Discrete Beneficiary			
0 - 4	$97.01	$98.06	1.1%
5 - 14	$221.54	$225.35	1.7%
15 - 24	$304.54	$329.48	8.2%
25 - 34	$394.31	$414.05	5.0%
35 - 44	$572.75	$596.49	4.1%
45 - 54	$790.39	$824.80	4.4%
55 - 64	$1,018.89	$1,038.53	1.9%
65 - 74	$1,340.27	$1,359.08	1.4%
75 - 84	$1,538.65	$1,561.41	1.5%
85 and over	$1,498.49	$1,524.24	1.7%
Total	**$753.03**	**$771.13**	**2.4%**

1 Includes Drug Acquisition Cost, mark-up and dispensing fees paid to pharmacies.

2013-14 Utilization by Families

The average total prescription cost for families in 2013-14 was $1,148.07. The average family share on total prescription costs is $525.78 (45.8%) and the average Drug Plan share is $622.29 (54.2%).

Table 5 Prescription Cost to Families

April 2013 - March 2014

Total Cost to Family Unit	# of Family Units [1]	# of Prescriptions [2]	Drug Material Cost [3]	Total Approved Prescription Cost [4]	Net Family / Insurance Payments [5]	Total Drug Plan Payment [6]
$ Nil	20,721	613,958	$24,028,934	$29,925,563	$0	$29,925,563
$ 00.01 - 100.00	119,207	575,588	$18,453,026	$24,294,732	$5,366,062	$18,928,669
$ 100.01 - 200.00	55,442	526,904	$15,424,206	$20,801,967	$8,131,950	$12,670,017
$ 200.01 - 300.00	44,604	564,159	$17,547,748	$23,259,456	$11,122,983	$12,136,473
$ 300.01 - 400.00	35,820	615,580	$18,938,845	$25,139,511	$12,481,420	$12,658,091
$ 400.01 - 500.00	29,798	691,061	$20,284,860	$27,224,641	$13,368,834	$13,855,806
$ 500.01 - 600.00	24,938	796,823	$21,561,829	$29,594,432	$13,680,573	$15,913,858
$ 600.01 - 700.00	20,783	794,353	$22,003,496	$30,003,017	$13,481,362	$16,521,655
$ 700.01 - 800.00	16,910	709,645	$19,420,847	$26,567,537	$12,660,647	$13,906,890
$ 800.01 - 900.00	14,023	651,705	$18,590,569	$25,151,982	$11,902,438	$13,249,544
$ 900.01 - 1000.00	11,683	590,257	$16,732,102	$22,659,170	$11,082,489	$11,576,681
$ 1000.01 - 1250.00	22,550	1,297,875	$37,723,912	$50,742,508	$25,184,312	$25,558,196
$ 1250.01 - 1500.00	15,432	988,451	$29,378,408	$39,284,449	$21,099,462	$18,184,988
$ 1500.01 - 1750.00	10,366	729,375	$23,487,780	$30,814,227	$16,772,991	$14,041,236
$ 1750.01 - 2000.00	7,299	547,905	$18,985,582	$24,466,381	$13,623,252	$10,843,129
$ 2000.01 - 2250.00	4,936	382,254	$14,950,780	$18,753,698	$10,456,043	$8,297,655
$ 2250.01 - 2500.00	3,509	281,327	$11,460,480	$14,253,251	$8,310,739	$5,942,512
$ 2500.01 - 3000.00	4,489	373,506	$18,035,554	$21,738,952	$12,231,288	$9,507,665
$ 3000.01 - 3500.00	2,363	206,668	$12,213,606	$14,256,789	$7,625,445	$6,631,344
$ 3500.01 - 4000.00	1,277	115,691	$8,138,340	$9,264,125	$4,753,107	$4,511,018
$ 4000.01 - 4500.00	767	70,977	$6,038,598	$6,732,130	$3,240,942	$3,491,188
$ 4500.01 - 5000.00	472	43,877	$4,605,049	$5,033,428	$2,236,083	$2,797,344
$ 5000.01+	1,056	87,765	$16,797,886	$17,659,967	$7,596,150	$10,063,816
Less than Zero	139	4,166	$302,438	$343,375	($39,472)	$382,847
Total	**468,584**	**12,259,870**	**$415,109,874**	**$537,965,286**	**$246,369,100**	**$291,596,186**

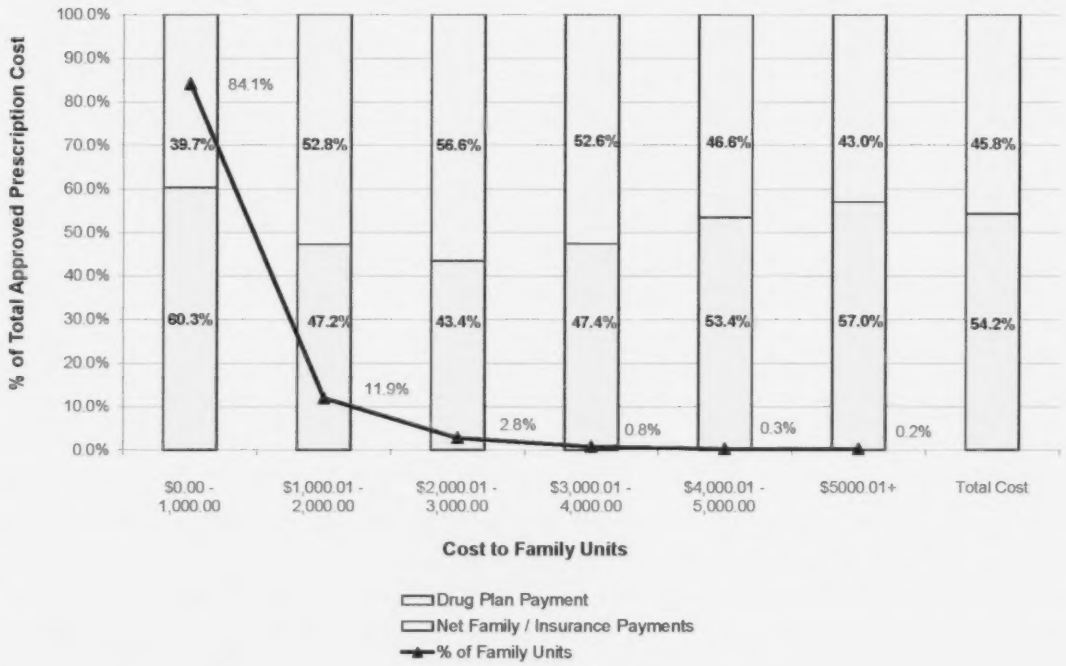
1 A Family Unit includes all beneficiaries registered under one family number through the Ministry of Health, Health Registration Branch. Beneficiaries may belong to more than one Family Unit within a fiscal year. In this table beneficiaries are included under their most recent family number in the time period.
2 # of Prescriptions refers to Formulary and Exception Drug Status drugs. This total includes Special Fees, Diagnostic Agents and Diabetic Supplies.
3 Drug Material Cost includes Total Acquisition Cost + Mark-up and Compound Fee, if applicable; less Discount, if applicable.
4 Total Approved Prescription Cost is the total approved amount of the Drug Material Cost, as well as the approved pharmacy dispensing fee.
5 Net Family / Insurance Payments is the total cost paid by families and/or their insurance plans towards the total approved cost of the prescriptions. In some cases, the value of this field is negative due to adjustments and reversals of payments made in the previous time period.
6 Total Drug Plan Payment is the total of the Drug Material Cost and Dispensing fee; less portion paid by families and their insurance plans.

Drug Plan

The majority of families (84.1%) have drug costs less than $1,000.01 and the Ministry of Health pays 60.3% of their total approved prescription cost. Only 0.2% of families have drug costs greater than $5,000.01 and the Ministry of Health pays 57.0% of their total approved prescription cost.

Chart 1 Prescription Cost to Families as a % of Total Approved Prescription Cost

April 2013 - March 2014



Drug Plan

Objective 3 – Reduce the cost of drug materials

Better Value

To help ensure the viability of the Drug Plan, and to be better able to provide coverage for new drugs through the Saskatchewan Formulary, the Drug Plan has the following "better value" strategies in place:

- **Low Cost Alternative Policy**

  Interchangeable products are different brands of the same drug with the same strength and dosage form that are equivalent in therapeutic effectiveness and quality. In the case where more than one interchangeable product is available, the Drug Plan reimbursement is calculated on the price of the lowest cost interchangeable generic drug.

- **Product Listing Agreements (PLA)**

  The Drug Plan enters into product listing agreements with drug manufacturers. These types of agreements result in better value for public funds spent on drugs and assist in managing the financial risk associated with drugs listed on the Saskatchewan Formulary. The ensuing cost savings help to offset Drug Plan expenditures and/or are available to provide additional benefits.

- **Pan-Canadian Pricing Alliance Initiative (Brand Drugs)**

  This initiative capitalizes on the combined purchasing power of provinces/territories to obtain increased value for money, increase access to drug products through public programs and align drug prices across participating jurisdictions. Price negotiations and product listing agreements have allowed Saskatchewan to manage formulary listings.

- **Standing Offer Contracts (SOC)**

  The Ministry tenders several high volume drugs in certain interchangeable groups to obtain the lowest possible price. An accepted tender, called a standing offer contract, requires the manufacturer to guarantee delivery of the specific drug to Saskatchewan pharmacies through approved distributors at the contracted price. In return, the manufacturer's product is used almost exclusively.

- **Pan-Canadian Generic Price Initiative**

  Canadian provinces and territories (PTs) continue to secure better prices for generic drugs in response to the direction Premiers provided to the Health Care Innovation Working Group in July 2012. Effective April 1, 2013, the prices of six of the most common generic drugs were lowered to 18% in participating jurisdictions as a result of the pan-Canadian generic price initiative.

- **Maximum Allowable Cost Policy (MAC)**

  Promotes the use of lower cost drugs by limiting the maximum price the Drug Plan pays to the price of the most cost-effective drug within a group of similar drugs that treat the same condition.

Drug Plan

Objective 4 – Encourage the rational and appropriate use of prescription drugs

Better Use / Better Care

Drugs are one of the fastest growing categories of health care spending, yet evidence shows that pharmaceuticals are not always prescribed or used effectively or appropriately.

- **The Drug Advisory Committee of Saskatchewan (DACS)**

  The Drug Plan has established the Drug Advisory Committee of Saskatchewan and relies on the expertise of the DACS to provide independent, specialized advice on drug-related matters. The committee provides advice concerning which drug products should be considered for public funding based on evidence-based reviews of the products.

- **The Common Drug Review and the pan-Canadian Oncology Drug Review**

  The Canadian Agency for Drugs and Technologies in Health's (CADTH's) Common Drug Review (CDR) and pan-Canadian Oncology Drug Review (pCODR) processes provide the Drug Plan with objective, rigorous clinical and cost-effective reviews of new drugs.

- **Exception Drug Status (EDS)**

  Exception Drug Status drugs are products that are listed in the Saskatchewan Formulary with specific medical criteria or conditions for use. Generally, drug products are recommended for EDS status when there are specific circumstances where use is particularly beneficial; where the drug has potential for the development of widespread inappropriate use; where the drug is more expensive than listed alternatives and offers an advantage in only a limited number of indications; etc. EDS listing can encourage more appropriate prescribing.

- **Partnerships with the University of Saskatchewan's College of Pharmacy and Nutrition**

  - The Drug Plan is a partner in the University of Saskatchewan's Joint Initiative on Adherence, which encourages appropriate use of medications in the province through educational and research initiatives.
  - The Drug Plan has funded the Saskatchewan Drug Utilization and Outcomes Research Team (SDUORT). The SDUORT initiative enables the provision of focused research in a timely manner to inform Drug Plan policies and to aid in evidenced based decision-making.

- **Prescription Review Program**

  The Drug Plan provides funding for the Prescription Review Program, which is a program operated by the College of Physicians and Surgeons on behalf of program partners to reduce the risk of abuse and diversion of certain drugs (primarily narcotics, sedative-type hypnotics and stimulants). In recent years, the Ministry of Health has assisted in increasing the analytic and educational capacity of the program to help encourage appropriate use of drugs monitored by the program.

- **RxFiles Academic Detailing Program**

  The Drug Plan provides an annual grant to the Saskatoon Regional Health Authority to operate the provincial RxFiles Program. Academic detailing is a form of education outreach, which consists of focused one-on-one interactions between a drug professional, and physicians and other health professionals in the community. Academic detailing programs are based on scientific and objective analysis and are aimed at achieving optimum levels of efficacy, safety and economy in drug therapy.

- **RxFiles Long Term Care Project**

  The Drug Plan provided additional funding to RxFiles to focus on optimizing drug use in residents of long term care facilities. The project will engage a variety of health professional providers in pursuing an integrated approach toward the implementation of "best practice" approaches to drug therapy in this population group.

Better Teams

- **Electronic Health Record/Electronic Medical Record (EHR/EMR)**

  The EHR is a provincial initiative that provides a centralized source of information about a patient's lab tests, radiology results, drug information, and other important health information. The EHR improves the flow of communication across care settings to give clinicians and patients the right information.

  The Ministry of Health, in partnership with the Saskatchewan Medical Association, implemented EMRs. The EMR is software used in physician's clinics to automate office functions to store all patient information electronically. EMRs have the capacity to download patient information from the EHR.

  The goal of an EHR combined with an EMR is to have the right information in the right hands at the right time to make timely health decisions.

- **Pharmaceutical Information Program (PIP)**

  The Ministry established the Pharmaceutical Information Program, which helps to enhance patient safety and prevent dangerous or inappropriate use of drugs by helping providers select the best medication, avoid drug interactions and avoid duplications of therapy. It also facilitates the team approach to patient care by sharing information across the continuum of care.

- **Pharmacist Prescribing**

  Expanded prescribing authority for Saskatchewan pharmacists came into effect on March 4, 2011. Enhanced prescriptive authority for pharmacists recognizes the ability of pharmacists to improve health care delivery in the province, working in collaboration with physicians and other health care professionals. It also provides an increased emphasis on the importance of pharmacists' role in interdisciplinary collaboration and team-based care.

  Saskatchewan pays a fee to pharmacists to assess their patients' needs under prescriptive authority. The services are available at no cost to any provincial resident.

  Under expanded prescribing authority for Saskatchewan pharmacists, reimbursement to pharmacies for minor ailment prescribing was implemented February 1, 2012.

Pharmacies are reimbursed when a pharmacist prescribes an eligible prescription medication according to the "*Guidelines for Minor Ailment Prescribing*".

- **Saskatchewan Medication Assessment Program (SMAP)**

  The SMAP is a standardized approach for pharmacists to assess a patient's medication therapy and communicate with their physician and/or health care provider(s) to resolve identified issues. The purpose of the SMAP is to support seniors in continuing to live in the community within their own home by ensuring they are able to adhere to safe and effective medication therapy.

Supplementary Health and Family Health Benefits

Program Objective

To provide benefits for non-insured health services to people nominated for coverage by the Ministries of Social Services, Justice and Advanced Education.

Highlights for 2013-14

- The average number of people registered on programs in 2013-14 with eligibility for Supplementary Health benefits was **44,664.**
- The average number of people eligible for Family Health Benefits was **49,604**. This includes both children who are eligible for all benefits and adults who are eligible for limited benefits.
- The average number of seniors eligible for the Seniors' Income Plan was **12,749**.

Supporting Information

Table 6 Supplementary Health Program and Family Health Benefits Payments [1]

April 2013 - March 2014

Services	Saskatchewan Assistance Plan	Government Wards	Provincial Correctional Institutions	Seniors' Income Plan Recipients in Special Care Homes	Family Health Benefits	Other Beneficiary Categories [2]	Totals
Over-the-Counter Drugs	$1,798,110	$224,017	$211,280	$233,535	$60,466	$24,915	**$2,552,323**
Medical Supplies and Appliances	$853,235	$82,303	$7,638	$13,403	$103,058	$24,592	**$1,084,229**
Northern Medical Transportation (Air)	$1,258,978	$18,760	$0	$0	$80,853	$11,244	**$1,369,834**
Northern Medical Transportation (Ground)	$2,162,254	$23,418	$1,035	$537	$79,989	$30,980	**$2,298,214**
Medical Services	$453,931	$4,444	$3,137	$0	$2,036	$961	**$464,509**
Dental Services	$6,752,053	$693,200	$426,531	$11,968	$2,937,395	$66,516	**$10,887,664**
Optical Services	$1,097,013	$112,035	$105,125	$4,950	$484,991	$289,337	**$2,093,450**
Ambulance Services	$2,361,475	$120,634	$36,717	$25,501	$150,854	$37,731	**$2,732,912**
Chiropractic Services	$343,421	$10,858	$673	$1,617	$578,347	$273,601	**$1,208,517**
Total: Supplementary Health and Family Health Benefits	**$17,080,470**	**$1,289,670**	**$792,135**	**$291,511**	**$4,477,989**	**$759,875**	**$24,691,651**

1 Some items may not balance due to rounding

2 Other Beneficiary Categories include: Assisted Adoption, Job Training and Seniors' Income Plan

Supplementary Health and Family Health Benefits

Table 7 Historical Costs of Supplementary Health Program and Family Health Benefits Payments [1]

April 2013 - March 2014

Services	2009-10	2010-11	2011-12	2012-13	2013-14
Over-the-Counter Drugs	$2,782,317	$2,375,198	$2,260,677	$2,383,764	$2,552,323
Medical Supplies and Appliances	$960,815	$1,038,142	$1,001,732	$1,196,609	$1,084,229
Northern Medical Transportation (Air)	$327,163	$646,250	$1,100,111	$1,040,314	$1,369,834
Northern Medical Transportation (Ground)	$2,439,291	$2,556,635	$2,617,293	$2,385,479	$2,298,214
Medical Services	$341,836	$355,071	$487,976	$454,731	$464,509
Dental Services	$9,612,538	$9,930,885	$10,614,304	$11,328,498	$10,887,664
Optical Services	$2,115,286	$2,130,691	$2,130,689	$2,340,648	$2,093,450
Ambulance Services	$2,261,222	$2,444,416	$2,674,294	$2,980,613	$2,732,912
Chiropractic Services	$1,557,744	$1,504,874	$1,414,179	$1,325,162	$1,208,517
Total: Supplementary Health and Family Health Benefits	**$22,398,212**	**$22,982,162**	**$24,301,256**	**$25,435,816**	**$24,691,651**

Note: Includes Seniors' Income Plan Payments

1 Some items may not balance due to rounding

1. Over-the-Counter Drugs

Supplementary Health provides certain physician prescribed over-the-counter drugs at a reduced charge, to a maximum of $2.00, for Plan One beneficiaries and without charge for Plan Two and Three beneficiaries. Formulary and over-the-counter drug benefits for the different levels of Supplementary Health coverage are outlined on page 7.

2. Medical Supplies and Appliances

All Supplementary Health beneficiaries and children with Family Health Benefits coverage are covered for a wide range of medical supplies, appliances and devices when prescribed by a physician.

Supplementary Health and Family Health Benefits

3. **Northern Medical Transportation Program**

   Benefits of the Northern Medical Transportation Program include:

   - pursuant to Ministry of Health policies, the branch pays claims for emergency medical evacuation (air) from locations in the north for all Saskatchewan residents; and
   - the Supplementary Health and Family Health Benefits Programs pay the cost of non-emergency medical transportation for Supplementary Health beneficiaries and children with Family Health Benefits coverage residing in northern Saskatchewan to access medical appointments outside their community.

4. **Medical Services**

   Supplementary Health and Family Health Benefits covers the cost of non-insured third party reports requested by the Ministry of Social Services. These reports are used to determine the level of required nursing care, rehabilitation potential and employability.

5. **Dental Services**

   Coverage includes basic preventive, restorative, exodontic, and prosthetic dental services for all Supplementary Health beneficiaries and children with Family Health Benefits coverage.

6. **Optometric Services**

   Eyeglasses are covered for all Supplementary Health beneficiaries and children with Family Health Benefits coverage, whether provided by an optometrist or ophthalmic dispensary. There is an upper limit on the amount paid for eyeglass frames.

   The cost of eye examinations is covered for Supplementary Health beneficiaries 18 years of age and over, Seniors' Income Plan recipients and adults with Family Health Benefits coverage. Eye examinations for children are covered on a universal basis by the Medical Services Branch.

7. **Ambulance Services**

   Emergency medical transportation by road ambulance is a benefit for all Supplementary Health beneficiaries and children with Family Health Benefits coverage.

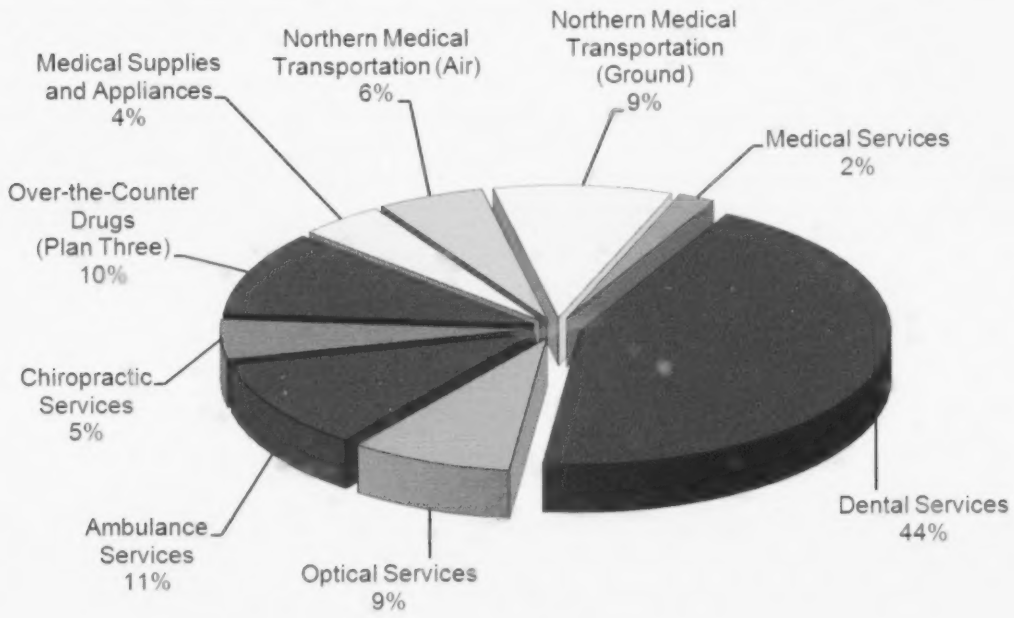
8. **Chiropractic Services**

   A maximum of 12 chiropractic services per year are covered for Supplementary Health, Family Health Benefits and Seniors' Income Plan beneficiaries.

Supplementary Health and Family Health Benefits

Chart 2 Supplementary Health Program and Family Health Benefits Payments by Program Area

April 2013 - March 2014



Saskatchewan Aids to Independent Living (SAIL)

Program Objective

SAIL was established to provide benefits that assist people with physical disabilities achieve a more active and independent lifestyle and to assist people in the management of certain chronic health conditions. The program provides a basic level of coverage for disability related equipment, devices, products and supplies in order to achieve the best possible care, experience and health for beneficiaries.

Highlights for 2013-14

- The SAIL program provided benefits in the amount of $38.4 million.
- The following programs account for 78.3% of total SAIL payments:
  - Home Oxygen Program (33.5%);
  - Paraplegia Program (16.3%);
  - Special Needs Equipment Program (14.5%); and
  - Orthopaedic Services (14.0%).

Saskatchewan Aids to Independent Living (SAIL)

Supporting Information

Table 8 Caseloads and SAIL Payments

April 2013 - March 2014

	2012-13		2013-14	
	Caseload	Expenditures	Caseload	Expenditures
Universal Programs				
Orthopaedic Services	8,096	$5,707,065	8,201	$5,362,654
Special Needs Equipment	n.a.	$7,030,708	n.a.	$5,583,422
Home Oxygen	4,406	$10,992,732	4,532	$12,856,101
Respiratory Equipment	n.a.	$1,653,261	n.a.	$1,595,975
Therapeutic Nutritional Products	136	$264,847	135	$219,954
Children's Enteral Feeding Pump	222	$423,891	256	$417,914
Special Benefit Programs				
Paraplegia Program	1,813	$6,065,532	1,837	$6,254,010
Cystic Fibrosis	134	$190,930	136	$179,778
Chronic End-Stage Renal Disease	1,143	$3,335,173	1,163	$3,204,628
Ostomy Program	2,664	$1,686,926	2,864	$1,851,212
Haemophilia	16	$17,636	16	$21,837
Aids to the Blind	n.a.	$430,502	n.a.	$432,826
Saskatchewan Insulin Pump [1]	181	$269,140	221	$415,800
Total		**$38,068,343**		**$38,396,110**

Note: n.a. is not available as volumes are captured as the number of equipment units issued (see page 27).

1 Includes cost of pumps only. Supply costs are included in the Drug Plan.

Universal Benefit Programs

Orthopaedic Services
(Prosthetics and Orthotics Program and Compression Garment Program)

Prosthetic Appliances – Artificial limbs and accessories are supplied, fitted, adjusted and repaired.

Orthotic Appliances – Higher-cost back braces and upper and lower extremity orthoses, braces and splints are supplied, fitted, adjusted, and repaired. High-cost knee braces are cost shared with clients.

The above services are supplied by the Orthotics and Prosthetics Departments of the Wascana Rehabilitation Centre in Regina and the Saskatchewan Abilities Council in Saskatoon. Private service providers may bill for the cost of materials only, with prior approval.

Saskatchewan Aids to Independent Living (SAIL)

Specialized and Adaptive Seating – Adaptations to wheelchairs to ensure safety and proper fit are supplied and adjusted.

Compression/Burn Garments – Moderate to high pressure compression garments for the management of serious conditions are provided.

Adaptive and Rehabilitation Equipment – Limited equipment for in-home rehabilitation and therapy for children is available.

Special Needs Equipment Program

Mobility and environmental aids are loaned, maintained and repaired. Equipment available for loan includes wheelchairs, walkers, specialized crutches, hospital beds, transfer assists, bathtub lifts and commodes.

The Special Needs Equipment Program is operated by the Saskatchewan Abilities Council under contract with SAIL. Equipment depots are located in Prince Albert, Regina, Saskatoon, Swift Current and Yorkton.

Home Oxygen Program

Home oxygen and related equipment are benefits under SAIL for Saskatchewan residents who meet medical criteria or who meet the criteria for end stage palliative care. The oxygen systems are supplied by private medical oxygen supply companies under contract with SAIL.

Respiratory Equipment Program

Home respiratory equipment such as ventilators, continuous positive airway pressure (CPAP) and bi-level flow generators, portable and stationary suctioning equipment, and tracheostomy humidification compressors are loaned, maintained and repaired. SAIL provides financial assistance towards the purchase of aerosol therapy compressors (nebulizers) for eligible beneficiaries, who are responsible for maintenance and repairs. The program also covers the cost of spirometers for discharge from hospital after a lung transplant.

Therapeutic Nutritional Products Program

The program provides assistance towards the cost of specialized nutritional products for people with complex medical conditions who rely on those products as their primary nutritional source. The program assists with the incremental cost associated with using these products in place of a regular diet. Program benefits are cost shared between clients and the Ministry of Health, with the client's portion varying based on a number of factors, including family income and drug costs.

Children's Enteral Feeding Pump Program

Feeding pumps are provided by SAIL on a loan basis to children who require nasogastric or gastrostomy pump feeding. Select consumable supplies associated with pump feeding are also a benefit.

Saskatchewan Aids to Independent Living (SAIL)

Special Benefit Programs

In addition to universal SAIL program benefits, extended coverage is provided to beneficiaries with certain chronic health conditions.

Paraplegia Program

Benefits are available for individuals who have paralysis of all or most of the lower limbs and trunk due to a lesion or disease affecting the spinal cord. Drugs listed in the Saskatchewan Formulary, drugs approved under Exception Drug Status and select physician prescribed over the counter drugs are a benefit. Bladder and bowel incontinence products, wound management and other medical supplies for chronic conditions are also provided. Limited specialized rehabilitation equipment is purchased for clients. Grants are provided for purchases related to home access and vehicle modifications.

Cystic Fibrosis Program

Drugs listed in the Saskatchewan Formulary, drugs approved under Exception Drug Status and select physician prescribed over the counter drugs are benefits of the program. In addition, certain nutritional supplements are covered for individuals with cystic fibrosis.

Chronic End-Stage Renal Disease Program

Drugs listed in the Saskatchewan Formulary, drugs approved under Exception Drug Status and select physician prescribed over the counter drugs are a benefit for persons with end-stage renal disease requiring dialysis and kidney transplant recipients.

Ostomy Program

SAIL covers fifty percent of the cost of certain ostomy supplies, such as appliances, adhesives and adhesive removers, for individuals with a urinary or bowel diversion.

Haemophilia Program

SAIL covers the cost of medical supplies associated with home infusion for the treatment of haemophilia.

Aids to the Blind Program

The program provides or subsidizes the cost of select low vision aids, assistive devices and vision rehabilitation services to individuals living with vision loss. Aids and devices include braillers, white canes, talking calculators and watches, magnifiers and low vision eyewear. Equipment and low vision services are provided by the Canadian National Institute for the Blind (CNIB) under contract with SAIL.

Saskatchewan Aids to Independent Living (SAIL)

Saskatchewan Insulin Pump Program

The program covers the cost of an insulin pump for individuals 25 years of age or younger who have Type 1 diabetes and meet medical criteria. Financial assistance is also available for insulin pump supplies for qualifying individuals. Pump supplies are processed as benefits through the Drug Plan system and are subject to family deductibles and/or co-payments.

Table 9 Units of Equipment Issued [1]

April 2013 - March 2014

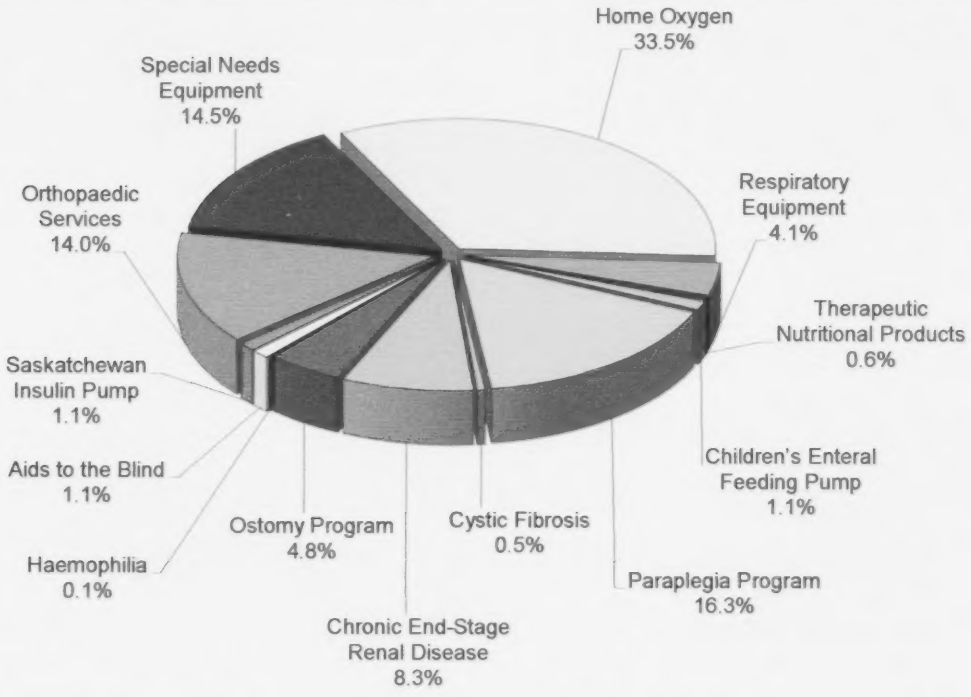
Program	2011-12	2012-13	2013-14
Special Needs Equipment	30,438	31,053	35,236
Respiratory Equipment	1,947	2,155	2,102
Aids to the Blind	1,492	1,208	1,108

1 A unit of equipment is a discrete loan item (e.g. w heelchair, w alker, sask-a-pole, cushion, ventilator, CPAP machine, suction machine, talking book player, w hite cane)

Saskatchewan Aids to Independent Living (SAIL)

Chart 3 SAIL Payments by Program Area

April 2013 - March 2014



Appendices

Appendix 1 Drug Plan History

Since its inception, over 40 years ago, the Saskatchewan Drug Plan has provided a high quality of service to the people of Saskatchewan in the delivery of a prescription drug coverage program.

1974	**May 10** – Enabling legislation for the Drug Plan, The Prescription Drugs Act, was assented to on May 10.
1975	**September 1** – The Drug Plan began providing benefits. A review process was established to recommend which drugs should be covered under the Drug Plan. The actual acquisition cost plus a dispensing fee comprised the total cost of a Formulary drug.
1987	**July 1** – A mark-up on the cost of a drug was added. Mark-up was calculated on the acquisition cost before the dispensing fee was added.
	July 1 – The Drug Plan was changed from a fixed co-payment coverage program to a basic deductible* and percentage co-payment program. Those residents entitled to special health benefits were exempted.
	July 1 – Palliative Care coverage was introduced.
1989	**January 1** – Point of Sale terminals were installed for each pharmacy to submit claims information electronically for adjudication online in real time.
	January 1 – Eligible drugs purchased anywhere in Canada by all eligible Saskatchewan residents became a benefit.
1991	**March 8** – Beneficiaries in Special Care Homes, who previously paid a maximum $3.95 for each prescription, became part of the deductible plan.
	July 1 – The coverage policy for drugs in an interchangeable group was changed. The actual acquisition cost of every product in the interchangeable group was now covered only up to lowest listed price in the group.
1997	**October** – A Managed Care Fee was implemented for community-based pharmacies that provide monitoring, supervision and other required activities to administer the Methadone Program.
	December – Task Force on High Cost Drugs was appointed to determine appropriate improvements to the way government evaluates new pharmaceuticals.
1999	**August** – A Trial Prescription Program was implemented.
2000	The Prescription Drug Plan, in partnership with the Saskatoon Health District, implemented the RxFiles Academic Detailing Program as an educational program aimed at assisting physicians in selecting the most appropriate and cost-effective drug therapy for their patients. This program was an extension of the Community Drug Utilization Program, established in 1997 as a pilot project in the district.
2002	**July** – The Income-based Program was implemented, replacing the semi-annual deductible.
2004	**July 1** – The Maximum Allowable Cost policy was implemented with one group of drugs, the Proton Pump Inhibitors, using the price of the most cost effective drugs as a guide to set the maximum price the Drug Plan would cover for other similar drugs used to treat the same condition.
	September 15 – Following a legislative change, the Drug Plan began collecting information on all prescriptions dispensed from community pharmacies, including those that were not benefits of the Drug Plan.

Appendices

2005	**October 24** – The Pharmaceutical Information Program (PIP) Medication Profile Viewer (MPV) phase began with a pre-production rollout to selected sites to validate production processes.
2006	**March** – Full production rollout of the PIP Medication Profile Viewer to pharmacies, emergency rooms, physician clinics, long-term care and home facilities as they were equipped and trained. The MPV provides authorized health care professionals with confidential shared access to patient medication histories to help improve drug therapy for Saskatchewan residents.
	July 1 – The Drug Plan computer system was changed to allow for indefinite Exception Drug Status (EDS) coverage on a large number of EDS medications that are used to treat chronic conditions that previously could only be approved for three years at a time.
	October 3 – The Executive Director of the Drug Plan and Extended Benefits Branch was given a Delegation of Authority for Interchangeable Generic Drug Coverage, as per Ministry policy.
2007	**July** – The second phase of PIP e-prescribing began and became available for physicians and registered nurses/nurse practitioners to prescribe electronically.
2009	**December 21** – The appointments to the newly created Drug Advisory Committee of Saskatchewan (DACS) were approved, which marked a significant change in the Saskatchewan drug review process.
2010	**January 15** – Pharmacists were able to bill two new benefit services, the Medication Assessment and the Compliance Packaging, to the Drug Plan and Extended Benefits Branch for eligible community-based clients who require medication management through Home Care services.
	March – Approximately 99% of pharmacies have access to PIP.
	March – PIP Implementation is in its final phase, which is to integrate PIP with health provider computer systems.
	March 31 – Project Development of PIP was completed. The Drug Plan and Extended Benefits Branch became the business owner of PIP for the Ministry of Health.
	Fall – The initial pilot phase of PIP integration using a national electronic messaging standard (CeRx) was launched in 14 pharmacies across the province.
	October 1 – Eligible clients for the Medication Assessment and Compliance Packaging fees was expanded to include individuals identified by regional outpatient mental health programs.

Appendices

2011	**March 4** – Pharmacists were able to bill Patient Assessment Fees for services provided under the expanded prescriptive authority for pharmacists. This expanded authority will provide Saskatchewan residents with easier access to their medications when they need them and will benefit residents through more efficient and accessible health care services.
	April 1 – The first group of Standing Offer Contract (SOC) products expired. Products in these former SOC categories transitioned to 35% of the brand name price. The price requirement for first entry generic drug submissions received after April 1st became 40% of brand name.
	May 1 – A select group (fewer than 20) of existing generic drugs transitioned to 45% of brand name.
	June 1 – The price requirement for the remainder of existing generic drugs became 45% of brand name.
	June 1 – Changes to the wholesale mark-up and cap were implemented. A wholesale mark-up of 6% will be included in the maximum allowable unit price for generic drugs. This is in lieu of the distribution fee previously paid by generic drug manufacturers to drug wholesalers, which resulted in a 0% wholesale mark-up on generic drugs. The 6% mark-up is non-rebatable to pharmacies except for a maximum 2% discount for prompt payment. The cap on wholesale mark-up increased from $40 to $50 per package.
	October 1 – Products in the second group of SOCs expired and the price transitioned to 35% of brand name.
2012	**February 1** – Reimbursement to pharmacies for minor ailment prescribing when an eligible prescription medication is prescribed by pharmacists according to the "*Guidelines for Minor Ailment Prescribing*". These services are available at no cost to Saskatchewan residents with valid health coverage. Saskatchewan is the first province to pay an assessment fee to pharmacies for minor ailment prescribing.
	April 2 – The price requirement for most existing generic drugs, and for first entry generic submissions, became 35% of brand name.
	May 24 – The addition of four minor ailment conditions covered under minor ailment prescribing.
	November 2 – Implementation of a new medication process allowing pharmacists to bill up to six months of prescriptions that meet specific criteria through the Drug Plan computer system, compared to three months previously.
2013	**April 1** – as a result of the Pan-Canadian Generic Price Initiative, Canadian provinces and territories reduced six high volume molecules to 18% of the equivalent brand name drug.
	July 8 – Implementation of the Saskatchewan Medication Assessment Program (SMAP). The purpose of the SMAP is to support seniors in continuing to live in the community within their own home by ensuring they are able to adhere to safe and effective medication therapy.

* Refers to **History of Deductibles**

Appendices

Appendix 2 History of Deductibles

July 1, 1987	Annual deductible of $125 (regular family), then a co-payment of 20%.
	Annual deductible of $75 (senior family), then a co-payment of 20%.
	Annual deductible of $50 (single senior), then a co-payment of 20%.
March 8, 1991	Annual deductibles as above (1987), then a co-payment of 25%.
	Residents of Special Care Homes became part of the deductible program.
May 19, 1992	Semi-annual deductible of $190 (regular family), then a co-payment of 35% to a $375 maximum, then 10% co-payment.
	Single senior and senior family deductibles at 1987 level but became semi-annual, with a co-payment of 35% to a $375 maximum, then 10% co-payment.
March 19, 1993	Families became eligible for the Special Support program, where families and the Drug Plan shared the cost of prescriptions, if the cost for covered drugs exceeded 3.4% of the family income. The family co-payment for each covered prescription was set based on the relation between family income and eligible drug cost.
	Family Income Plan recipients, Saskatchewan Income Plan recipients, and Guaranteed Income Supplement recipients in special care homes, had a semi-annual deductible of $100, then a co-payment of 35%.
	All other Guaranteed Income Supplement recipients had a semi-annual deductible of $200, then a co-payment of 35%.
	All other family units subject to a deductible and not approved for Special Support had a semi-annual deductible of $850, then a co-payment of 35%.
December 1, 1997	The $50,000 family income cap for the Special Support Program was removed.
August 1, 1998	The Family Health Benefits Program was introduced to replace the Family Income Plan. The program provided adults with a semi-annual deductible of $100, then a co-payment of 35%, and no charge for children.
July 1, 2002	The income-based program replaced the semi-annual deductible of $850 that began in 1993.
July 1, 2007	Saskatchewan residents 65 years and older automatically became covered under the Seniors' Drug Plan that capped prescriptions at $15 for drugs listed under the Saskatchewan Formulary.
July 1, 2008	The amended Seniors' Drug Plan took effect. It provides a $15 cap per prescription to those seniors eligible for the federal age credit.
	The Children's Drug Plan took effect, providing a $15 cap per prescription for children 14 and under.
March 21, 2012	The Seniors' and Children's Drug Plan payment cap per prescription increased to $20.

Appendices

Appendix 3 Pharmacy Claims Processing

Information relating to the process for submission of pharmacy claims, pharmacy reimbursements and prescription quantities can be found on the Formulary website http://formulary.drugplan.health.gov.sk.ca or the Ministry of Health website http://www.health.gov.sk.ca.

The following table provides a history of maximum dispensing fees and pharmacy mark-up fees according to agreement between the Ministry of Health and the pharmacy proprietors:

Dates	Dispensing Fee	Mark-Up
September 1, 2003 to November 30, 2005	$7.97	30% for drug cost up to $6.30; 15% for drug cost between $6.31 and $15.80; 10% for drug cost of $15.81 to $200.00, and a maximum mark-up of $20.00 for drug cost over $200.00.
December 1, 2005 to September 30, 2006	$8.21	
October 1, 2006 to September 30, 2007	$8.46	
October 1, 2007 to July 31, 2009	$8.63	
August 1, 2009 to July 31, 2010	$9.15	
August 1, 2010 to April 30, 2011	$9.43	
May 1, 2011 to March 31, 2012	$9.85	
April 1, 2012 to April 30, 2013	$10.25	
May 1, 2013 to March 31, 2014	$10.75	

Note: The tiered mark-up and dispensing fee do not apply for diabetic supplies.

Appendices

Appendix 4 Supplementary Health and Family Health Benefits Program History

1966	**April 1** – The Saskatchewan Assistance Plan was instituted. Several categories of beneficiaries under the Medical Services Division were combined into one program with the basis of need becoming the criteria to determine eligibility.
1968	**September 1** – Coverage for refractions was moved to the Saskatchewan Medical Care Insurance.
1975	**September 1** – Payment responsibility of formulary drugs and of prosthetic and orthotic appliances for Social Assistance beneficiaries was taken over by the Saskatchewan Prescription Drug Plan and by the Saskatchewan Aids to Independent Living respectively.
1981	**July 1** – Program eligibility was expanded to include benefits for non-recipients of Social Assistance receiving level 2, 3, and 4 special care home or long-term hospital care where incomes are at or below the Saskatchewan Income Plan level.
1984	**May 1** – Responsibility for emergency medical transportation costs by road ambulance and Saskatchewan Government air ambulance for Supplementary Health beneficiaries was transferred from the Department of Social Services.
1992	**June 1** – Eye examinations were added to coverage for Supplementary Health beneficiaries over the age of 17, and for adults receiving the Family Income Plan and the Saskatchewan Income Plan supplements.
	September 8 – Services of chiropractors became fully covered for Supplementary Health, Family Income Plan and Saskatchewan Income Plan beneficiaries.
1993	**June 30** – Supplementary Health began providing dental coverage for children in families that received the Family Income Plan supplement.
1997	**May 1** – The Ministry began providing all Supplementary Health benefits for children in Family Income Plan families.
1998	**August 1** – The Ministry began providing Family Health Benefits for families who received the Saskatchewan Child Benefit and/or the Saskatchewan Employment Supplement. Family Income Plan recipients became part of Family Health Benefits.
2010	**April 1** – The number of chiropractic treatments covered for Supplementary Health, Family Health Benefits and Seniors' Income Plan recipients was capped at 12 per year.

Appendices

Appendix 5 Saskatchewan Aids to Independent Living (SAIL) Program History

1975	**April 1** – SAIL began providing benefits to eligible residents for prosthetic/orthotic devices.
	August 1 – SAIL benefits expanded to provide equipment loans and equipment repairs for all residents of the province.
1976	**April 1** – SAIL took over responsibility for: the Paraplegia Program, which covers the cost of incontinence products, medical supplies and select rehabilitation equipment recommended by the attending physician as well as providing grants for home and vehicle modifications; the Cystic Fibrosis Program, which provides drugs and nutritional supplements for certain beneficiaries; and the Chronic End Stage Renal Disease Program, which provides assistance with the cost of necessary medications for certain beneficiaries.
1979-80	The Ostomy and Home Haemophilia programs were added.
1984-85	Coverage expanded to include aids and services required by the blind residents in the province.
1987	**June** – The responsibility for the acquisition, distribution and repair of Special Needs Equipment (e.g. wheelchairs, patient lifts, etc.) was transferred to the Saskatchewan Abilities Council. SAIL continues to fund the full cost of the program.
	August – Assumed responsibilities for the administration of the Home Oxygen Program from the Drug Plan.
	September – responsibility for the acquisition, distribution and repair of equipment required by the blind was transferred to the Canadian National Institute for the Blind (CNIB). SAIL continues to provide funding to CNIB for delivery of these services.
1996-97	Benefits under the Home Oxygen Program were granted according to certain medical criteria.
2003-04	The Therapeutic Nutritional Products Program was added to assist with the incremental cost associated with using nutritional products in place of a regular diet.
2007	**July** – The Saskatchewan Children's Insulin Pump Program was added to assist with the costs of insulin pumps and related supplies for children 17 years of age or younger who have Type 1 diabetes and meet specific medical criteria.
2011	**July 1** – Responsibility for the policy and operation of the Phenylketonuria (PKU) Program transferred from the Population Health Branch to the Drug Plan and Extended Benefits Branch.
2012	**January 1** – Low protein food was added as a benefit for clients registered on the PKU Program.
	January 1 – The Saskatchewan Children's Insulin Pump Program, previously for children 17 years of age or younger, was expanded to include individuals who are 25 years of age and under. The program was renamed the Saskatchewan Insulin Pump Program.
	April 1 – Expansion of online billing for eligible ostomy products and supplies covered under the Ostomy Program.
	September 25 – Implementation of online billing for nutritional supplements that are benefits under the Cystic Fibrosis Program.

Appendices

2013	**May 1** – The Special Needs Equipment Program replaced all manual hospital beds with electric hospital beds
	October 1 – Night garments and gel sheets were added as new benefits to the Compression Garment Program and the criteria for arm sleeves was expanded to include lower compressions.
	October 4 – Implementation of online billing for select medical supplies that are benefits under the Paraplegia Program
	November 14 – Addition of a bariatric home access grant option under the Paraplegia Program.